

PART B - FEE(S) TRANSMITTAL

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21874 7590 02/27/2006

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06/01/2006 MBERHE1 00000022 181850 09723302

01 FC:1501 1400.00 DA
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Deanna M. Rivernider (Depositor's name)
Deanna Rivernider (Signature)
May 25, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/723,302	11/27/2000	Brian P. McDavitt	50622	5593

TITLE OF INVENTION: MANUFACTURING PROCESS BILLING SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	05/30/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
RAPP, CHAD	2125	700-106000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Marisa J. Dubuc**
 2 **S. Matthew Cairns**
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Shipley Company, L.L.C.

Marlborough, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies **10**

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- ☐ A check in the amount of the fee(s) is enclosed.
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **18-1850** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

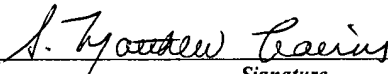

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Authorized Signature *S. Matthew Cairns*
 Typed or printed name **S. Matthew Cairns**

Date **05/25/2006**
 Registration No. **42,378**

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity) (37 C.F.R. 1.311)				Docket No. 50622	
Applicant(s): McDavitt et al.					
Serial No. 09/723,302		Filing Date 11/27/2000		Examiner Chad Rapp	
Group Art Unit 2125		Confirmation No. 5593			
Invention: MANUFACTURING PROCESS BILLING SYSTEM					
Mail Stop Issue Fee TO THE COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450					
Transmitted herewith are the following for the above-identified application.					
<input checked="" type="checkbox"/> Issue Fee Transmittal Form PTOL-85					
<input checked="" type="checkbox"/> Utility Fee: <u>\$1,400.00</u> <input type="checkbox"/> Design Fee: _____ <input type="checkbox"/> Plant Fee: _____					
<input type="checkbox"/> Publication Fee: _____					
<input type="checkbox"/> A check in the amount of _____ is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>18-1850</u> as described below.					
<input checked="" type="checkbox"/> Charge the amount of <u>\$1,400.00</u>					
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 Signature				Dated: 05/25/2006	
S. Matthew Cairns (Reg. No. 42,378) Rohm and Haas Electronic Materials LLC 455 Forest Street Marlborough, MA 01752 (508) 229-7545					
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